

WASHINGTON TERRACE HEALTH SVS
400 EAST 5350 SOUTH
OGDEN UT 84405
STATE'S REGION CODE: 001

PROVIDER #: 465115 FACILITY BEDS
PHONE NUMBER: (801) 479-9855 TOTAL: 120
PARTICIPATION DATE: 10/09/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/07/2003

TOTAL: 74
MEDICARE: 9
MEDICAID: 45
OTHER: 20

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 120

18 18/19 19 ICF/MR
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120

CURRENT SURVEY REVISIT DATES - 06/19/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
03/2000		04/2001		06/2002		05/07/2003			
		X	E			X C	D	06/16/2003	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
						X C	B	06/16/2003	REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
				X	B	X C	B	06/16/2003	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	D	06/16/2003	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	D				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
X	E								REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	E	06/16/2003	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	E				REQ F0365-FOOD IS PREPARED TO MEET INDIVIDUAL NEEDS
				X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
						X C	B	06/16/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
									REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	E						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	E								REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	85 NEW PRIOR 1 SURVEY	85 NEW CURRENT SURVEY	PLAN/DATE OF CORRECTION
02/2000	04/2001	06/2002	05/05/2003	
	X		X P	05/27/2003
X			X C	06/07/2003
			X N	
			X P	05/27/2003
	X			

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0029-HAZARDOUS AREAS - SEPARATION
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0072-FURNISHING AND DECORATIONS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

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EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 02/2000	85 NEW PRIOR 2 SURVEY 04/2001	85 NEW PRIOR 1 SURVEY 06/2002	85 NEW CURRENT SURVEY 05/05/2003	PLAN/DATE OF CORRECTION
		X	X P	06/07/2003
X	X	X	X C	05/27/2003

LSC DEFICIENCIES - BLDG NO. 01

K0073-FLAMMABLE FURNISHINGS
K0076-MEDICAL GAS SYSTEM
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	6	4	2	3
HEALTH TOTAL	6	4	2	3
LIFE SAFETY CODE	6	2	3	2
LIFE SAFETY CODE + HEALTH	12	6	5	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
05/07/2003	SUBSTANTIATED
06/25/2003	UNSUBSTANTIATED
07/21/2003	UNSUBSTANTIATED
09/18/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY